

# **COMMUNICABLE DISEASE & EPIDEMIOLOGY UPDATE**

Presented to:  
Eastern Idaho Public Health  
District's Board of Health

June 19, 2014



# Communicable Disease Update

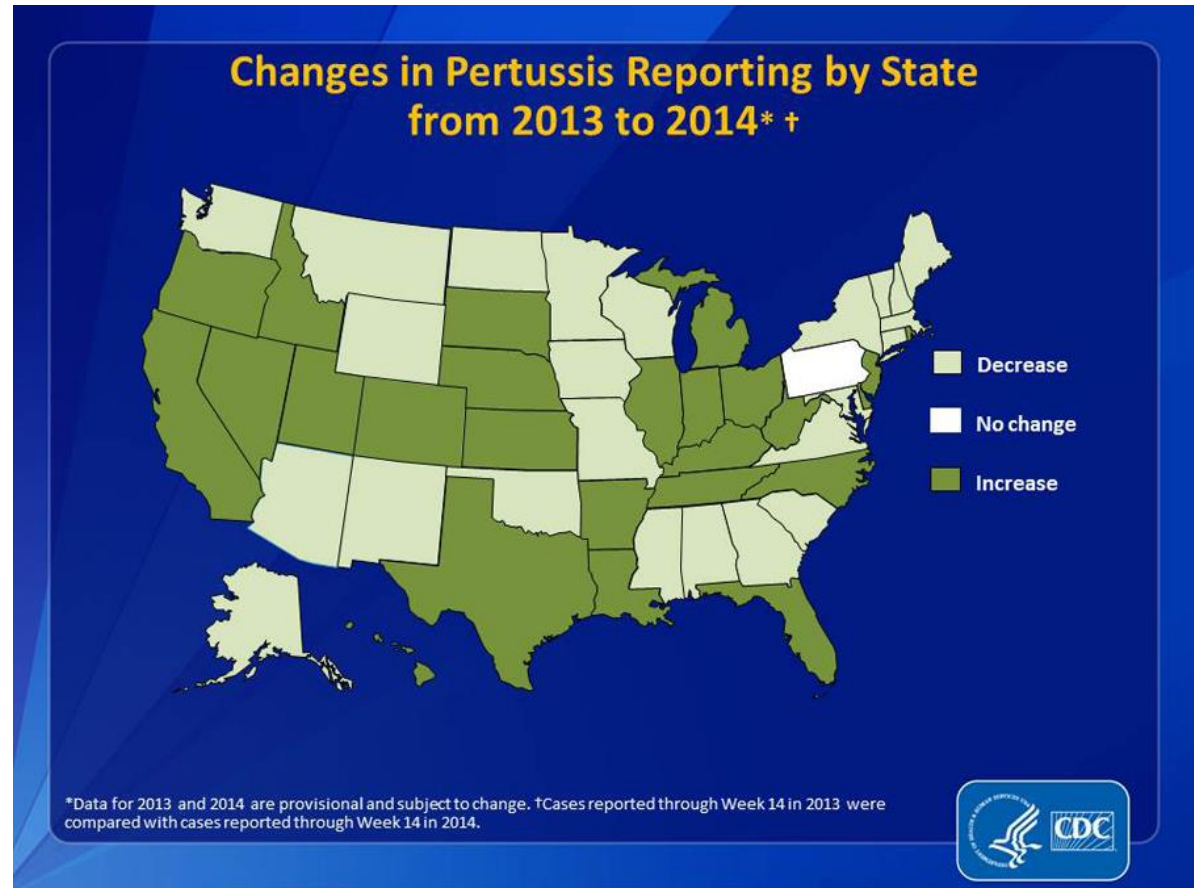
Gary Rillema, Division Director

Family & Community Health Services

# Pertussis Update

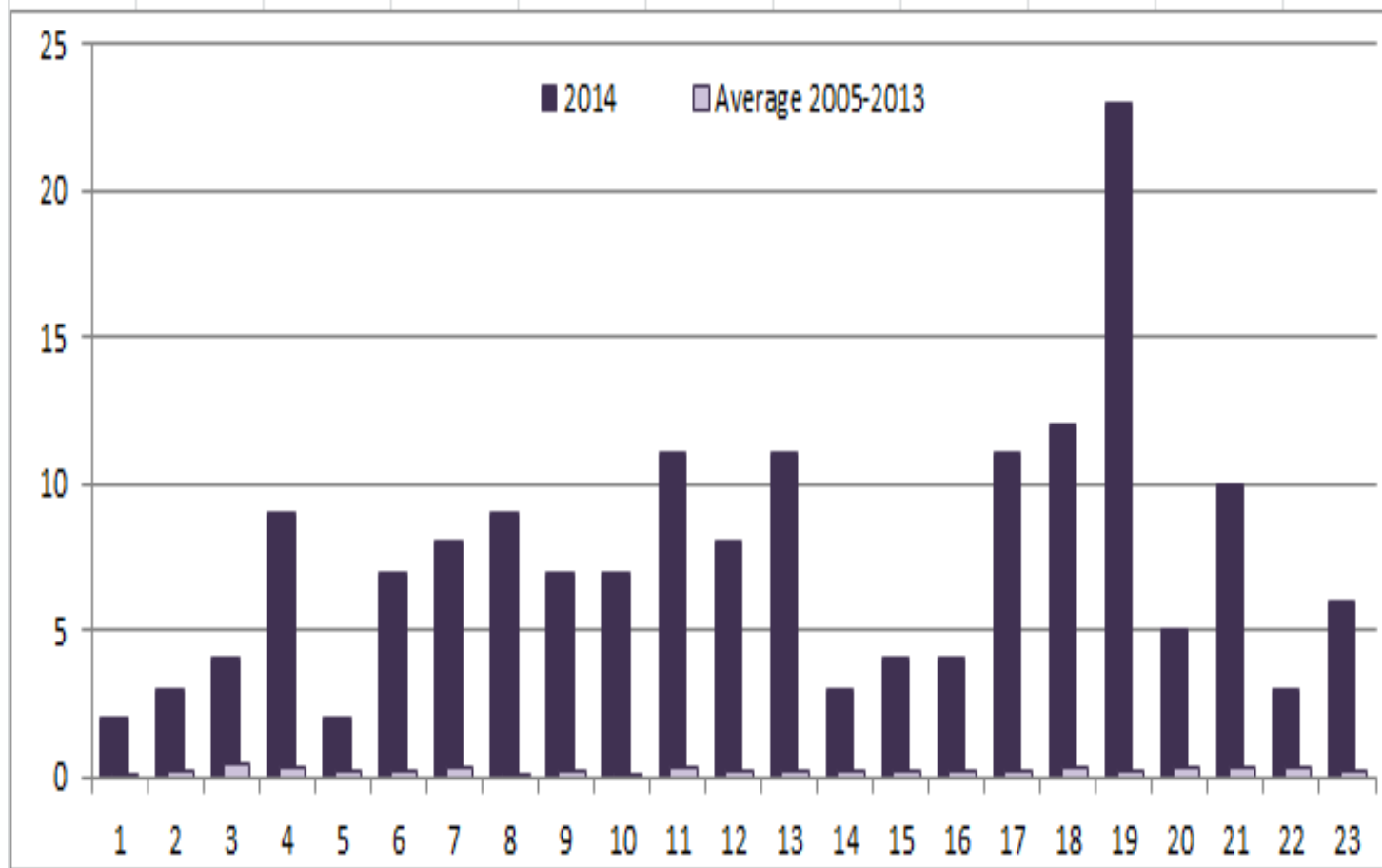
2012: there were 48,277 cases reported to CDC, including 20 pertussis-related deaths. The majority of deaths occurred among infants younger than 3 months of age.

Overall reporting of pertussis declined during 2013.



From January 1-April 14, 2014, 4,838 cases of pertussis have been reported to CDC. This represents a 24% increase compared with the same time period in 2013.

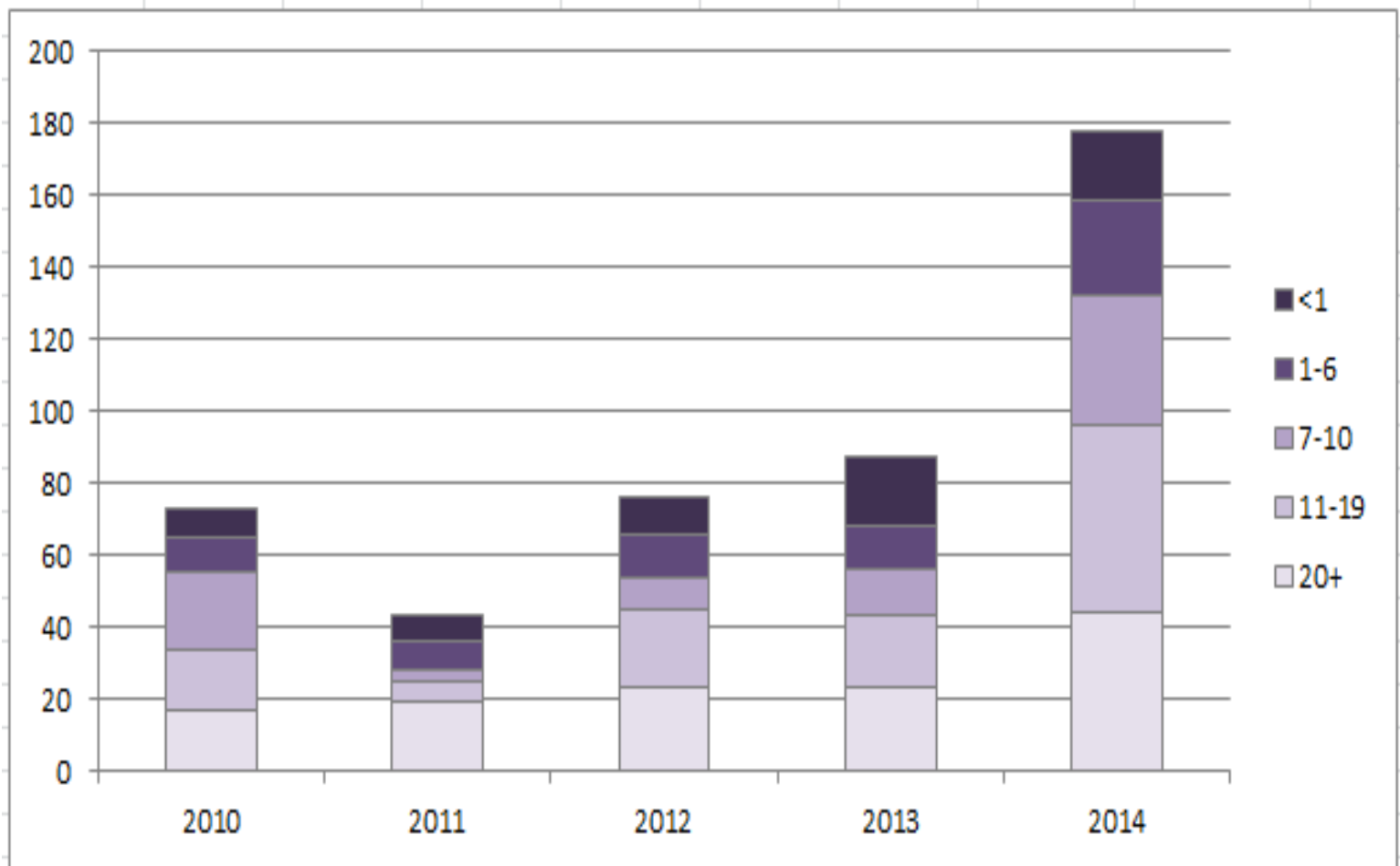
# Pertussis 2014 YTD weekly incidence compared with 2005-2013 average weekly incidence in Idaho\*



\*2013 U.S. data are preliminary; 2014 Idaho data are preliminary

Source: Bureau of Communicable Disease Prevention (June 16, 2014)

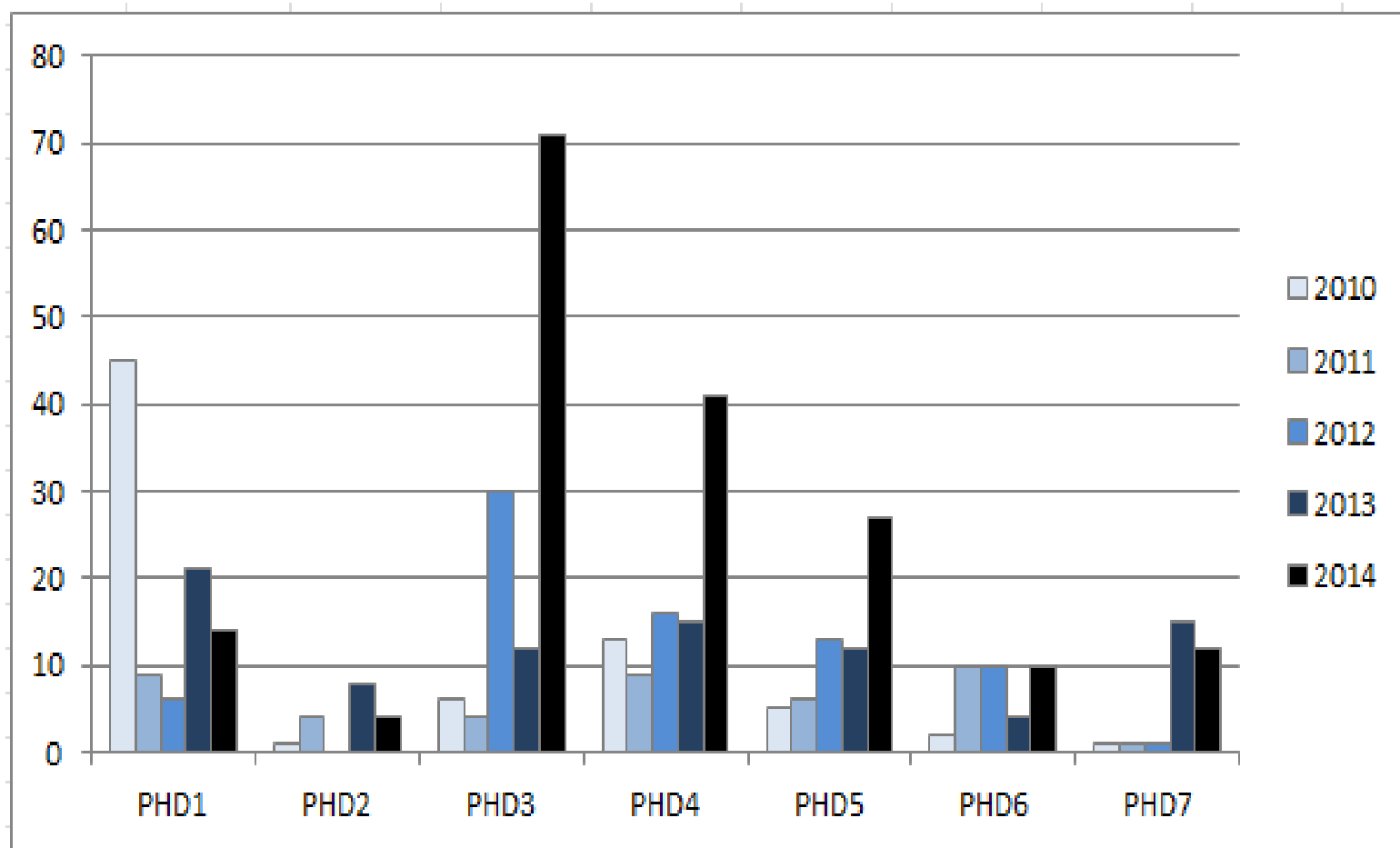
# Pertussis Age-specific Incidence In Idaho\* (January 1 – June 15)



\*2013 U.S. data are preliminary; 2014 Idaho data are preliminary

Source: Bureau of Communicable Disease Prevention (June 16, 2014)

# Pertussis Incidence by Public Health District\* (January 1 – June 5)



\*2013 U.S. data are preliminary; 2014 Idaho data are preliminary  
Source: Bureau of Communicable Disease Prevention (June 16, 2014)

# Adult Tdap given at EIPHD

- FY 2011: 878
- FY 2012: 1,760
- FY2013: 3,607

# Measles Update

California: 2014 YTD  
58 cases

Ohio: largest outbreak  
138

Age 2 weeks to 65 years

43 hospitalizations

90% were unvaccinated  
or unknown vaccination  
history

Most cases importations  
among unvaccinated  
returning US travelers.

## Measles Cases and Outbreaks, January 1 to May 30, 2014\*

**334**

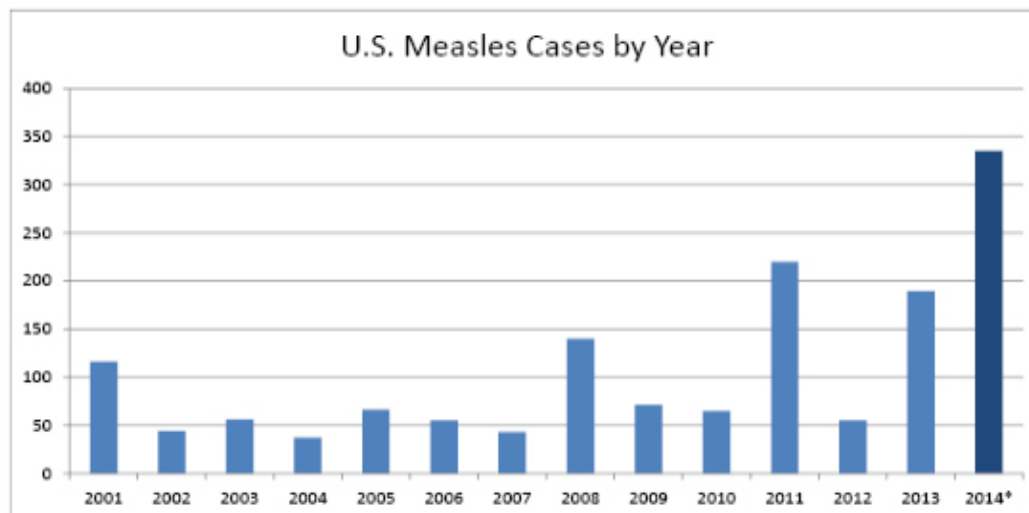
Case

reported in 18 states: Alabama, California, Connecticut, Hawaii, Illinois, Massachusetts, Minnesota, Missouri, New Jersey, New York, Ohio, Oregon, Pennsylvania, Tennessee, Texas, Virginia, Wisconsin, Washington

**16**

Outbreaks

representing 77% of reported cases this year



\*Provisional data reported to CDC's National Center for Immunization and Respiratory Diseases





# Free Immunization Clinic

04/29/2014

- Clinic took place at the Bonneville County office in Idaho Falls
- The largest number of participants ever to attend the annual event (181 individuals)

Participants	
Children scheduled	181
No shows	12
Screened no shots needed	13
Children vaccinated/some walk-ins	163
Adult walk-ins	5
Total individuals seen in clinic	181

# Booster presenting 12 year old winner of bike donated by Idaho Falls Pediatrics



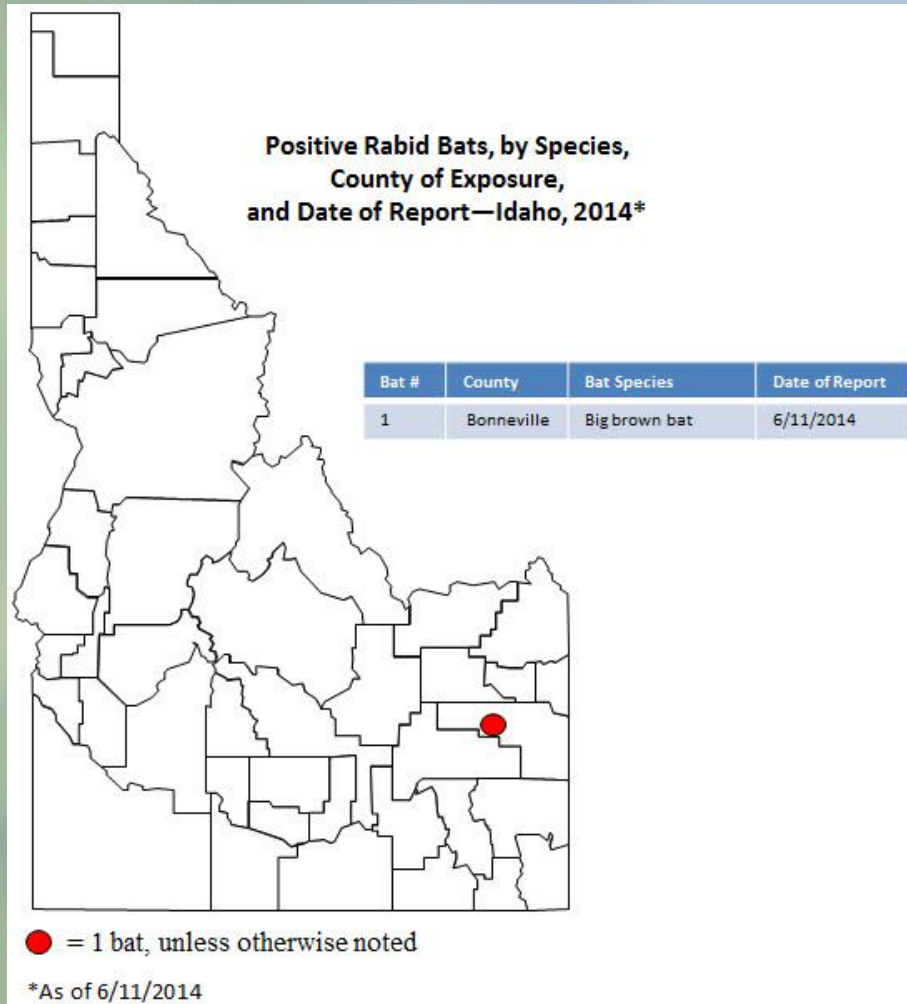
# **EPIDEMIOLOGY UPDATE**

# **Epidemiology Update**

**Tammy Cox, Division Director**

**Health Preparedness,  
Promotion, & Surveillance**

# Rabies in Idaho 2014



Rabid bats, detected in 2014 by the Idaho Bureau of Laboratories, are shown in Figure 1. by county of origin, species, and date of report. Only bats are known to be natural reservoirs for rabies in Idaho. However, bats are not the only animal to worry about; all mammals can become infected with the virus and ALL mammals should be considered potentially rabid when they bite, scratch, or otherwise expose people or pets to their saliva.

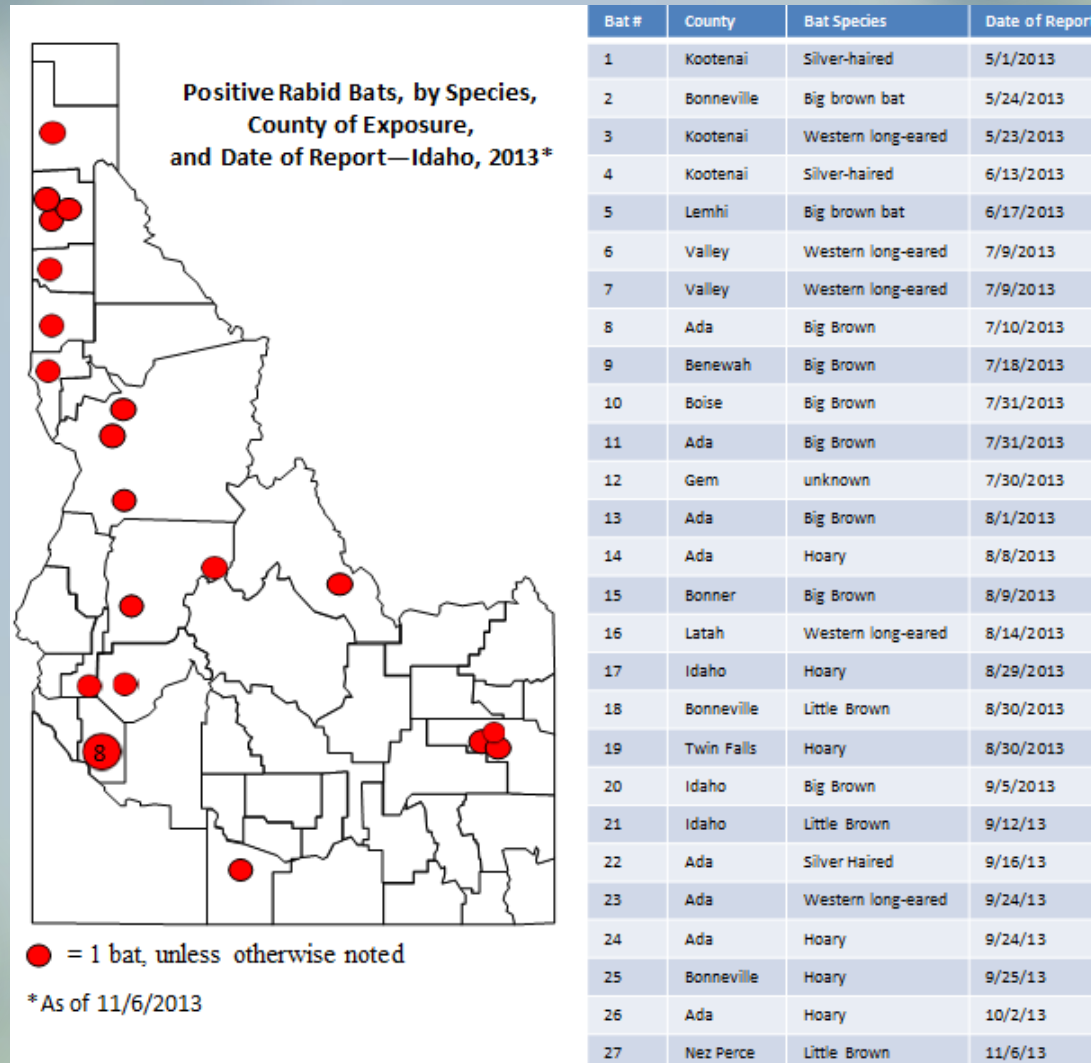
Bites are considered the primary way rabies is transmitted. Other exposures that could also be considered high risk for infection include contacting nervous tissue (brain or spinal cord) from a potentially rabid animal or waking in a room with a bat, without having a clear idea of the bat's behavior during the night.

Rabid bats have been reported from almost all parts of Idaho and have been detected from May to November. Between 1999 and 2013 an average of 16 bats (range of 5 – 38) per year, or 10.6% of bat submissions (range: 4.8% to 19.8%), tested positive for rabies by the Idaho Department of Health and Welfare Bureau of Laboratories (IBL) (see RABIES IN IDAHO).

A handful of other species in Idaho have also been documented with the bat strain of rabies (see RABIES IN IDAHO). Because other mammals have tested positive for rabies, the risk of rabies exposure from bites, scratches, or other exposures to saliva from mammals other than bats must not be ignored as a possible source of rabies.

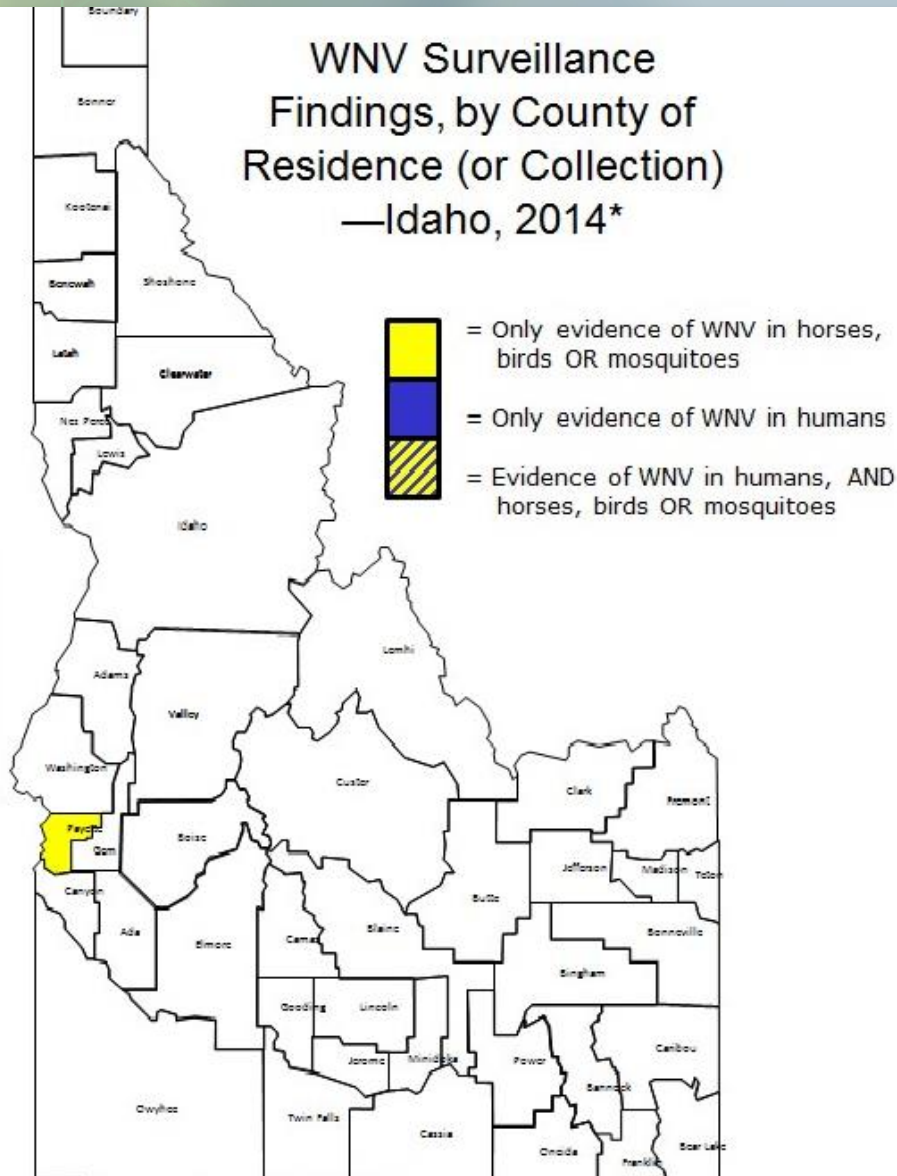


# Rabies in Idaho 2013



# West Nile Virus in Idaho 2014

## WNV Surveillance Findings, by County of Residence (or Collection) —Idaho, 2014\*

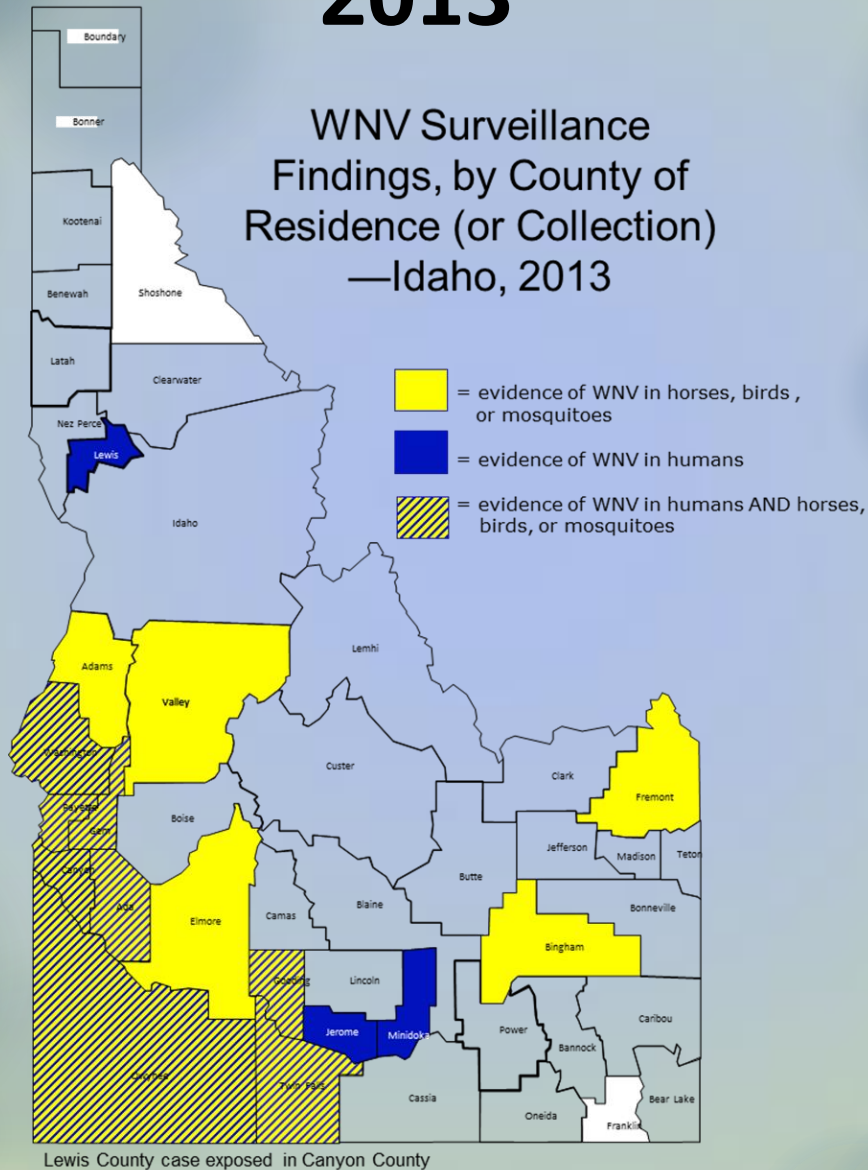


\*Data current as of 6/11/2014

West Nile virus (WNV) is transmitted to people, birds and other animals by the bite of an infected mosquito. This virus can cause serious illness in people of any age, but especially in people over the age of 50 or those with other underlying medical conditions.

Locally-acquired mosquito-borne human infections were first recorded in Idaho in 2004. In 2006, Idaho led the nation in reports of human illness associated with WNV with 996 cases being reported to the state health department.

# West Nile Virus in Idaho 2013





# Middle East Respiratory Syndrome Coronavirus— MERS-CoV



So far, all the cases have been linked to countries in and near the Arabian Peninsula. This virus has spread from ill people to others through close contact, such as caring for or living with an infected person. However, there is no evidence of sustained spreading in community settings.

CDC continues to closely monitor the MERS situation globally and work with partners to better understand the risks of this virus, including the source, how it spreads, and how infections might be prevented. CDC recognizes the potential for MERS-CoV to spread further and cause more cases globally and in the U.S. We have provided information for travelers and are working with health departments, hospitals, and other partners to prepare for this.

# MERS-CoV in the United States

- First US Case (Indiana)

On May 2, 2014, the first U.S. Case of MERS was confirmed in a traveler from Saudi Arabia to Indiana, via London and Chicago.

The patient is a healthcare worker who lives and works in Saudi Arabia. He was isolated in a hospital during the course of illness and later discharged, having fully recovered. Public health officials have contacted healthcare workers, family members, and travelers who had close contact with the patient.

- Second US Case (Florida)

On May 11, 2014, a second U.S. Imported case of MERS was confirmed in a traveler who also came to the U.S. From Saudi Arabia. This patient is also a healthcare worker who traveled from Saudi Arabia to Orlando via London, Boston and Atlanta. On May 18, health officials verified that the patient tested negative for active MERS-CoV infection, was no longer symptomatic, and posed no threat to the community; the patient was considered to be fully recovered and was discharged from the hospital.

*The two U.S. Cases are not linked.*



**THANK YOU**